

Amended Statement Cover

COMMUNITY CARE I

STATUTORY FINANCIAL ST

December 31, 2001 and :

HEALTH ANNUAL STATEMENT

For the Year Ending December 31, 2001

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code	0000	0000	NAIC Company Code	52619	Employer's ID Number	38-3128143
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	USA					
Licensed as business type:	Life, Accident & Health[ ] Vision Service Corporation[ ]	Property/Casualty[ ] Other[ ]	Health Service Corporation[ ] Health Maintenance Organization[X]	Dental Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X]		
Date Incorporated or Organized	07/27/1993		Date Commenced Business	06/01/1996		
Statutory Home Office	2100 Raybrook Dr SE (Street and Number)		Grand Rapids, MI 49546 (City, or Town, State and Zip Code)			
Main Administrative Office			2100 Raybrook Dr SE (Street and Number)		Grand Rapids, MI 49546 (City or Town, State and Zip Code)	
					(616)252-4592 (Area Code) (Telephone Number)	
Mail Address	2100 Raybrook Dr SE (Street and Number or P.O. Box)		Grand Rapids, MI 49546 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			2100 Raybrook Dr Se (Street and Number)			
	Grand Rapids, MI 49546 (City, or Town, State and Zip Code)				(616)252-4592 (Area Code) (Telephone Number)	
Internet Website Address	www.communitycareplan.org					
Statement Contact	Keith Sherwood (Name)		(616)252-4592 x (Area Code)(Telephone Number)(Extension)			
	Keith.Sherwood@metrogr.org (E-Mail Address)		(616)252-4552 x (Fax Number)			

President	William C. Cunningham DO
Secretary	Frank E. Belsito DO
Treasurer	William A. Busch

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

William Cunningham DO	Frank Belsito DO
William Busch	Ruth Cupp
Amy Sokolowski	Michael Faas

State of	Michigan
County of	Kent ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
William C Cunningham	Frank E Belsito, DO	Keith O Sherwood
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Chief Financial Officer
		Yes[ ] No[X]
	a. Is this an original filing?	3
	b. If no,	03/01/2002
	1. State the amendment number	5
	2. Date filed	
	3. Number of pages attached	

Subscribed and sworn to before me this  
day of , 2002

(Notary Public Signature)